

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90042 022 ***150.00

DOCUMENT # P01000074696

1. Entity Name
YACHT MANAGEMENT ASSOCIATES, INC.



Principal Place of Business
3402 CHERRY GARDEN CIRCLE
LAUDERHILL FL 33319-5107

Mailing Address
3402 CHERRY GARDEN CIRCLE
LAUDERHILL FL 33319-5107

2. Principal Place of Business
5230 N.E. 32 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
5230 N.E. 32 AVENUE
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL
Zip **33308-3416** **Country** **USA**

City & State
FT. LAUDERDALE, FL
Zip **33308-3416** **Country** **USA**

4. FEI Number **65-1125470**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

JOHNSON, SEAN A
9 SW 13TH STREET
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **DONAHUE, STEPHEN**
STREET ADDRESS **3402 CHERRY GARDEN CIRCLE**
CITY-ST-ZIP **LAUDERHILL FL 33319-5107**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **5230 N.E. 32 AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308-3416**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03 (954) 771-1600

CR2E034 (10/02)